



Rittman Police Department

33 E. Ohio Avenue

Rittman, OH 44270

Phone: 330-925-8040

Fax: 330-925-6646

The City of Rittman is an Equal Opportunity Employer.

PERSONAL HISTORY QUESTIONNAIRE

(Last Name)	(First Name)	(Middle Name)
(Streets Address)		
(City)	(State)	(Zip Code)
(Home Phone#)		(Cell Phone #)
(E-Mail Address)		
Position Applied for: <input type="checkbox"/> Police <input type="checkbox"/> Dispatch <input type="checkbox"/> Fire <input type="checkbox"/> Service		Date this questionnaire completed

This personal History questionnaire is intended for use of the City of Rittman and its Police Department's personal administration section. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, i.e., source documentation, polygraph, and screening procedures.

The answers to questions in this questionnaire must be printed, in your own hand, legible in **black ink only**. **Each individual question must be answered. There can be no blanks.** If a question does not apply to your particular circumstance, insert "DNA" in the blank. When answering questions that require dates, insert full dates. You must provide complete address information when requested.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making false statements of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after employment and/or prosecution under Ohio Revised Code, Section 2921.13.

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To Whom It May Concern:

I, hereby authorize any commissioned agent or representative of the Rittman Police Department, bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, academic, achievement, attendance, athletic, personal history and disciplinary records, military records, medical records, and credit records. I, hereby, direct you to release such information upon request of the bearer.

This request is executed with full knowledge and understanding that the information is for official use of the Rittman Police Department. Consent is granted for the Rittman Police Department to furnish such information, as is described above, to third parties while fulfilling its official responsibilities.

I, hereby, release you, as the custodian of such records, and any school, college, university or other educational institution, hospital, or other repository of medical records, military records, credit bureau, lending institution, consumer reporting agency, police departments or retail business establishments including its officers, employees or related personnel, both individually and collectively, from any and all liabilities for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to validity of this release, you may contact me as indicated below.

Print Full Name	Signature	Date
Current Address		Phone Number

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me on this _____ day of _____ year _____

My commission expires _____ Notary Signature _____

Notary stamp or Seal

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FAMILY INFORMATION

Legal Name: Last			First			Middle			
By what other names have been known? (Maiden name, former married name, aliases, nickname, etc.)									
Residence Address: (Number, Street, Apartment, City, County, State, Zip Code)									
Telephone (Home)			Cell			Email			
Height	Weight	Hair	Eyes	D.O.B.	SSN	Drivers License #	State		
Marital Status		Date Married/Divorced		Place of Birth (City, County, State)				Citizen (Yes/NO)	

SPOUSE INFORMATION

Name of Present Spouse (Last, First, Middle)			Spouse Maiden Name			Spouse SSN		
Spouse D.O.B.				Place of Birth (City, County, State)				
Name and address of spouse's Employer								

DEPENDANT INFORMATION (LIST ALL CHILDREN)

#	Name: (Last, First, Middle)				Sex	D.O.B.		
Place of Birth (City, County, State)					Relationship to you (Natural, Step, Adopted, Foster)			
#	Name: (Last, First, Middle)				Sex	D.O.B.		
Place of Birth (City, County, State)					Relationship to you (Natural, Step, Adopted, Foster)			
#	Name: (Last, First, Middle)				Sex	D.O.B.		
Place of Birth (City, County, State)					Relationship to you (Natural, Step, Adopted, Foster)			
#	Name: (Last, First, Middle)				Sex	D.O.B.		
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EMPLOYMENT HISTORY

Begin with your most recent job and list your complete work history in chronological order. Include in sequence all part time jobs, periods of unemployment, and military service. When listing military service, substitute for the name address of immediate supervisor, the name, address, and rank of the last commissioned officer who was your immediate supervisor and substitute for the name and address of a co-worker, the name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate the dates in the space provided. In the block designated "Reason for Leaving", indicate from what source you received income during that period of unemployment. Address information must be complete-street, apartment, or suite, city, state, and zip code. If you are presently unemployed, indicate so in the first block.

May we contact your present employer? Yes No If no explain why ?

Employed From	Name of Employer	Job Title	Hours worked and days off
Employed To	Address of Employer		Description of Duties
Immediate Supervisor Full Name	Address		Phone
Co-Worker Full Name	Address		Phone
Reason for Leaving:			

Employed From	Name of Employer	Job Title	Hours worked and days off
Employed To	Address of Employer		Description of Duties
Immediate Supervisor Full Name	Address		Phone
Co-Worker Full Name	Address		Phone
Reason for Leaving:			

Employed From	Name of Employer	Job Title	Hours worked and days off
Employed To	Address of Employer		Description of Duties
Immediate Supervisor Full Name	Address		Phone
Co-Worker Full Name	Address		Phone
Reason for leaving			

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EMPLOYMENT HISTORY (CONTINUED)

Employed From	Name of Employer	Job Title	Hours worked and days off
Employed To	Address of Employer		Description of Duties
Immediate Supervisor Full Name	Address		Phone
Co-Worker Full Name	Address		Phone
Reason for Leaving:			

Employed From	Name of Employer	Job Title	Hours worked and days off
Employed To	Address of Employer		Description of Duties
Immediate Supervisor Full Name	Address		Phone
Co-Worker Full Name	Address		Phone
Reason for Leaving:			

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EMPLOYMENT HISTORY (CONTINUED)

If more space is needed, attach an 8 ½ x 11 plain sheet of paper

Have you ever applied for a position with any law enforcement or other government/municipality? Yes No

Name of Department or Municipality	Date Applied	Accepted	If no, give reason for rejection or declining of appointment

EDUCATION

	Name & Location of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate School				
Other (Specify)				

Are you a State of Ohio certified law enforcement officer? Yes No Date Certified _____

Are you certified with the Ohio Dept. of Public Safety for EMS? Yes No Date Certified _____

Are you certified with the Ohio Dept. of Public Safety for Fire? Yes No Date Certified _____

Do you possess a valid Commercial Drivers License? Yes No If yes, what class? _____

GENERAL INFORMATION INQUIRY

The following questions and answers may be verified through the use of a truth verification device (i.e.: lie detector, C.V.S.A., etc.). If the answer to any of the following is yes, it will be necessary for you to explain, in detail, on the continuation sheet provided. (Page 10). Full and comprehensive explanations are required.

1.	Have you ever committed a felony for which you were never arrested or convicted?	
2.	Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges?	
3.	Have you ever been convicted of a felony?	
4.	Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?	
5.	Have you ever been convicted of any criminal offense?	
6.	Have you ever been convicted of any traffic offenses?	
7.	As an adult, have you ever stolen anything?	
8.	Have you ever bought or sold any property that you knew was stolen?	
9.	Has your driver's license ever been suspended or revoked?	
10.	Have you ever been committed to any penal institution as a result of a felony or misdemeanor conviction?	
11.	Are you presently under indictment or a defendant in any pending criminal, traffic, or civil action?	
12.	Have you ever used any hallucinogens such as marijuana, hashish, mescaline, PCP, THC, peyote, PCE, TCP, angel dust, or any other derivatives, etc.? If yes age first used and total number of usages.	
13.	Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such as Darvon, Lomotil, etc.? If yes age first used and total number of usages.	
14.	Have you ever used cocaine, heroin, or LSD. If yes age first used and total number of usages.	
15.	Have you ever used any prescription drugs such as barbiturates, amphetamines, Valium, Librium, uppers/downers, etc. without the benefit of a prescription? If yes age first used and total number of usages.	
16.	Have you ever used any prescribed medications for purpose other than for that which they were originally prescribed or intended? If yes, type and use.	
17.	Have you ever used what are described as designer drugs, i.e.: substances that are chemically altered in make-up but which give the same effect as illicit drugs? If yes age first used and total number of usages.	
18.	Have you ever sold, been party to the sale, or in any way been financially rewarded due to the sale of any controlled substances or prescribed drugs or any other substance purported to be a controlled substance?	
19.	Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?	
20.	Are you addicted to or use alcohol excessively or suffer from any alcohol related problems, or received any related treatments?	
21.	Have you ever applied for and received unemployment compensation, the amounts of which you are not eligible to receive?	
22.	Are you now, or have you ever, received any type of government support such as welfare, A.D.C., housing subsidy payments, medical or educational loans or grants that you are not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?	
23.	Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion, or color that would be detrimental to your functioning as an employee of the Village of Richfield?	
24.	Do you have any problems because of gambling?	
25.	Do you have any problems controlling your temper?	
26.	Have you ever been involved in an automobile accident?	
27.	Have you ever engaged in any grossly unnatural sex acts?	
28.	Have you ever engaged in any illicit sexual activities?	
29.	Do you have an addiction to pornography?	

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PLEASE READ BEFORE AFFIXING YOUR SIGNATURE. If you have any questions regarding this statement, please ask an employment interviewer before signing.

I affirm that the information provided on this application is true and to the best of my knowledge and that I have provided complete disclosure of all information requested. I further affirm that any misleading or falsified information and/or omissions may disqualify me from further consideration for employment, and may be considered justification for dismissal when discovered at a later date. I also realize that any falsification may subject me to prosecution under Ohio Revised Code Section 2921.31.

I authorize the Rittman Police Department to make investigation and inquiries of my personal employment, financial or medical history and other related matters as the police department deems necessary in arriving at an employment decision. If requested, I will undergo a physical exam by a medical doctor selected by the police department or other department within the City of Rittman.

I acknowledge that I have read the forgoing disclosure and understand the same.

Name of Applicant (Print or type)

Name of Witness

Signature of Applicant

Signature of Witness

Date

